



Name: \_\_\_\_\_

Title: \_\_\_\_\_

Procedure: \_\_\_\_\_

National Institutes of Health  
(Institute)  
(Branch)  
Building 10, Room (     )  
Bethesda, Maryland 20892-1192  
(301)  
(301) (     ) FAX

Date: _____						
Name of Certifying Clinician: _____						
Title: _____						
	Pass	Fail	Pass	Fail	Pass	Fail
1. Accurately instructs the patient about the procedure:						
2. Sets up for the procedure using proper sterile technique:						
3. Performs the procedure safely and accurately using proper sterile technique and universal precautions						
4. Obtains specimens in the proper containers and sends them for the appropriate tests						
5. Completes the procedure using the appropriate dressing and patient care instructions						

Are there other certification Requirements needed prior to Performing this procedure?

No ☐ Yes ☐

Certification in: \_\_\_\_\_

Dater Certified: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

